

Camp Hanes Challenge Course Participant Information/Agreement

Participant Name _____ Age _____

Home Phone () _____ Alt. Phone () _____

Address _____

City _____ State _____ Zip _____

Group Name _____ Event Date _____

Emergency Contact _____

Home Phone () _____ Alt. Phone () _____

AS A PARTICIPANT / PARENT OR GUARDIAN I UNDERSTAND THAT:

YMCA Camp Hanes is not making a determination of a participant's fitness for an event; rather, the participant represents to YMCA Camp Hanes and verifies that they are physically fit and ready for an event. It is important to discuss all medical conditions and/or physical activity concerns with a YMCA Camp Hanes Staff member prior to participation in all activities. All information given will be held in strict confidence. I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during an event. I represent and warrant that I have provided all materials and important information to YMCA Camp Hanes pertaining to my medical, mental and physical condition related to my participation. Medications (prescribed or over the counter) arriving with participants must be in original pharmacy labeled containers and kept with the group leader. YMCA Camp Hanes staff is not permitted to administer any medications.

All participants are required to wear closed toe, tie on shoes. Please come dressed appropriately by wearing comfortable clothing, including a shirt that can be tucked in. No tank tops, shirts with bare backs, or tube tops should be worn. Long pants are suggested, but if you wear shorts, make sure they are long shorts. Please come prepared to remove all jewelry, (including body jewelry.)

Please circle either **yes** or **no** for the following questions. Do you (the participant) have currently or have a history of:

- | | |
|--|--|
| 1) Yes No Diabetes or Blood Sugar Problems | 5) Yes No Heart Disease |
| 2) Yes No Musculoskeletal injuries, breaks, | 6) Yes No High Blood Pressure |
| 3) Yes No Asthma or Respiratory Problems | 7) Yes No Mental or Neurological Problems |
| sprains or dislocations | 8) Yes No Are you pregnant |
| 4) Yes No Orthopedic conditions that are | 9) Yes No Bleeding Disorders |
| aggravated by physical activity | 10) Yes No Epilepsy or Seizure |

Please explain any "yes" answer(s) below, attach additional page(s) if necessary. _____

_____ Please list any allergies (including but not limited to medication, food, insect stings, plants, etc.) _____ Please list any additional medications you are required to take on a regular or emergency basis

AS A PARTICIPANT/PARENT GUARDIAN I UNDERSTAND & AGREE THAT:

Participation in challenge course activities entails known and unanticipated risks which could result in physical or emotional injury or damages to myself/my child, to property or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things, the potential for: slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

YMCA Camp Hanes programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities.

YMCA Camp Hanes takes precautions to insure that challenge course and ropes course programs are conducted by qualified personnel in a safe and responsible manner and that all physical structures are inspected and maintained on a regular basis. However, I further understand that these activities involve certain risks, both physical and emotional. I acknowledge and assume the risk of injury and/or disability inherent with being an active participant in YMCA Camp Hanes challenge/ropes course activities.

Parts of this program can be physically demanding and the potential for injury to myself/my child exists even though safety systems are provided. Failure to follow safety instructions may lead to a participant's removal from the group or activity. Discretion is left entirely to YMCA Camp Hanes staff to determine whether and when removal is appropriate.

I have disclosed all medical conditions and all physical activity concerns on the attached "YMCA Camp Hanes Challenge Course Participant Information/Agreement." The YMCA Camp Hanes Staff will not disclose any medical conditions or concerns to any parties or to other participants except as may be required in case of emergency. I agree that YMCA Camp Hanes may photograph or record audio or video to use for marketing or publicity purposes.

AS A PARTICIPANT /PARENT OR GUARDIAN, I AGREE:

To hold harmless YMCA Camp Hanes, The YMCA of Northwest North Carolina, and their officers, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorney's fees, arising from activities under this agreement. To authorize YMCA Camp Hanes to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency, YMCA Camp Hanes will notify the parents, guardians, or emergency contacts of the participant as soon as possible.

By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand and agree to all points herein contained within this document. Any participants under 18 Years of Age must have a parent/guardian signature in addition to their own.

Participant Name (Printed) _____

Parent/Guardian Name (Printed) _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____